



**City of Long Beach**

*Department of Health and Human Services*

# **VOLUNTEER APPLICATION PACKET**

City of Long Beach  
Department of Health and Human Services  
2525 Grand Avenue  
Long Beach, CA 90815

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**CITY OF LONG BEACH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Volunteer Program Overview**

Volunteers play an important role within the City of Long Beach. Volunteer duties range from helping in clinics to assisting at special events. Volunteers at the Department of Health and Human Services are valuable assets, and a crucial component in meeting our mission to provide public health and human services to the City of Long Beach.

Anyone wishing to become a volunteer with Long Beach Department of Health and Human Services will be required to complete the volunteer application forms and one or more interviews with Department staff. All volunteers must successfully complete a volunteer orientation session prior to being accepted as a volunteer with the Department. All volunteers must annually show proof of individual liability and automobile insurance (if applicable). If working in a clinical setting, you must show proof of a recent tuberculosis skin test (or one will be provided, free of charge).

Volunteer categories, Minimum Time Requirements

- Adult volunteer (18+ years of age) – 10 hours per month
- Junior volunteer (14 to 17 years of age) – 8 hours per month

Volunteers who do not meet the minimum hourly requirements each month may be released from the volunteer program until such time as their personal schedule will allow them more time,

Volunteering Hours

Volunteering is available during the following hours:

- Monday – Friday from 8:00 am to 10:00 pm
- Saturday from 8:00 am to 4:00 pm

Record Keeping

All new volunteers will be required to attend accurate records of hours volunteered on a daily basis on forms provided by the Department. It is the responsibility of each volunteer to ensure that time record is given to the staff volunteer coordinator in charge on a monthly basis.

Medical Insurance

The City of Long Beach Department of Health and Human Services does not provide medical insurance or benefits to any of its volunteer workers. All volunteers must annually provide proof of individual liability, accident and automobile insurance coverage (as applicable) as a pre-requisite to any involvement or participation in the volunteer program.

Media Contact

Volunteers may not provide comment to the media pertaining to activities at the Department. Please refer all media inquiries to the staff volunteer coordinator.

Termination

The staff volunteer coordinator has the authority to expel any volunteer from activities within the Department.

Volunteers who have been expelled or dismissed shall have their individual file removed from active files and will be forbidden to participate in bureau activities. Dismissed volunteers may reapply for a volunteer position after a minimum of (1) year following dismissal.

Reasons for Dismissal

1. Not adhering to the minimum 10 hour monthly requirement
2. Excessive absenteeism or tardiness
3. Failure to annually provide proof of Medical/Automobile insurance
4. Insubordination to any member of Department Staff
5. Intoxication or using intoxicating beverages on premises
6. Possession or use of drugs/narcotics
7. Any defacing of City or Department property
8. Failure to adhere to Department policies and procedures
9. Falsifying documents
10. Failing to follow assigned chain-of-authority
11. Disclosing any confidential information
12. Failure to attend required orientation session or volunteer meeting
13. Defacing records or documents
14. Theft or attempted theft
15. Conduct unbecoming to the City of Long Beach and the Department



CITY OF LONG BEACH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**VOLUNTEER APPLICATION**

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Volunteer's Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please answer the following questions in order to best place you in a volunteer assignment:**

Education Completed: \_\_\_\_\_

Credentials or Licenses (current or pending): \_\_\_\_\_

Currently a student: \_\_\_\_\_ No \_\_\_\_\_ Yes, which School: \_\_\_\_\_

Concentration or Major: \_\_\_\_\_

Will you be receiving credit for your volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, required hours to complete: \_\_\_\_\_ Supervision required?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Instructor/Placement Coordinator: \_\_\_\_\_ Telephone \_\_\_\_\_

Available for volunteer service (Please indicate availability):

_____ Monday	Hours: From _____ To _____
_____ Tuesday	Hours: From _____ To _____
_____ Wednesday	Hours: From _____ To _____
_____ Thursday	Hours: From _____ To _____
_____ Friday	Hours: From _____ To _____
_____ Saturday	Hours: From _____ To _____

Language other than English: \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_ Speak \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer with our agency? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

What group of clients would you be interested in working with? (Check all which apply):

☐ Infants    ☐ Children    ☐ Young Adults    ☐ Seniors  
☐ Males    ☐ Females    ☐ Pet Owners    ☐ Community Groups

What program would you be interested in working with (Check all which apply):

☐ Alcohol/Drug Services    ☐ Administration    ☐ Public Health Clinics  
☐ Environmental Health    ☐ Human/Social Services    ☐ Animal Control  
☐ Community Forums    ☐ HIV/AIDS Programs    ☐ Bioterrorism

☐ Other, Please specify: \_\_\_\_\_

Would you be most interested in:

☐ Administrative Work    ☐ Direct Services to Clients

What skills and experiences (paid, volunteer, and life experiences) do you bring to your volunteer assignment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes    ☐ No

If Yes, Please explain and provide the date(s) of conviction: \_\_\_\_\_

\_\_\_\_\_

Automotive Insurance

I understand that California State Law requires that I must have automobile/liability insurance and agree to have such coverage if I am involved in using my own vehicle for City business.

☐ Yes (Initial)    ☐ N/A (Initial)

Emergency Contact Information

In case you should become ill or have a personal emergency on your volunteer assignment, whom shall we contact?

Emergency Contact Name \_\_\_\_\_

Emergency Contact Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

References

Please list personal references (Do not include family or relatives):

Full Name	Address	Telephone
1.		
2.		
3.		

I give permission to representatives of the City to contact the references listed and authorize these references to provide requested referral information. \_\_\_\_\_ Yes (Initial)

**I hereby certify that all the statements on this form are true to the best of my knowledge. I agree to volunteer my services through the City of Long Beach and I also understand that as a volunteer, I am not a city employee.**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coordinator's Signature**

\_\_\_\_\_  
**Date**



CITY OF LONG BEACH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Volunteer Emergency Medical Information**

As a volunteer for the City of Long Beach Department of Health and Human Services, I fully understand that I must provide my own liability and automobile insurance and that the City of Long Beach, Department of Health and Human Services cannot be held liable should I become sick, injured or disabled while performing the duties of a volunteer.

In case of emergency, notify: \_\_\_\_\_  
Name Telephone

In the event of an emergency, I am covered by:

Health Insurance Company \_\_\_\_\_

Medical Insurance Policy number \_\_\_\_\_

My physician is \_\_\_\_\_

Physician Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Physician Telephone \_\_\_\_\_

Volunteer Emergency Medical Release Form (for volunteer under 18 years of age)

In the event of an emergency \_\_\_\_\_ has my permission to receive treatment to be performed by qualified medical personnel.

Where possible, I would prefer treatment to be administered by:

Physician Name Physician Telephone

Name (Print) Signature Parent/Guardian



CITY OF LONG BEACH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Volunteer Waiver**

I would like to volunteer my services to the City of Long Beach, Department of Health and Human Services with no expectation of being paid any compensation for such services.

These services may include the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby release the City of Long Beach, its board, commissions, their officers, agents and employees from any and all liability, demands or claims for loss or damage of any kind resulting from or in any manner arising out of any injury because of my service to the City of Long Beach.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature



**CITY OF LONG BEACH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Code of Conduct for Staff – Interns – Volunteers**

- I. The use of alcohol or chemical abuse of any form is strictly prohibited on any program site or while performing any program related activities. No program staff person, intern or volunteer may keep intoxicants in their possession nor shall any use of mind altering chemicals be permitted at any meeting held on the premises. When off the premises, it is expected that all staff persons, interns and volunteers adhere to legal regulations with regard to any drug use.
- II. Relationship between program staff, interns and volunteers and program participants shall be limited to those related to the provision of program activities. This excludes social, romantic, financial, business or political involvements with program participants. Specifically excluded are personal relationships that create a conflict of interest.
- III. All program staff, interns and volunteers will administer program service in such a manner that no applicants or participant will be denied the benefit of program services because of age, race, color, religion, disability or national origin.
- IV. No program staff person, interns, or volunteer may enter into a business relationship with any participants. Included is the injunction not to recruit participants into one's private practice or solicit one's private business.
- V. All staff, interns and volunteers are subject to all laws, City Administrative Regulations, and program protocols while participating in the program (as applicable).

I acknowledge that I have been oriented to, and will abide by the above Code of Conduct.

Name (Print) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



CITY OF LONG BEACH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Oath of Confidentiality**

The objective of confidentiality is to protect the rights of the Department of Health and Human Services' clients against identification, exploitation, and embarrassment.

As a volunteer, you may be privy of information that is confidential in nature. Such information is not to be shared with your family, friends, or acquaintances. You will be required to maintain confidentiality of all information you may receive when you:

- Read a case record
- Converse with a client
- Recognize a client in a chart or in a program or clinic
- Discuss a case with other staff
- Overhear a conversation regarding a client

In some instances, you may not even speak with staff regarding a program client. (Please refer all questions to your immediate supervisor)

I \_\_\_\_\_, agree to abide to the following oath:

Volunteer Name

**As a condition of my volunteer work with the City of Long Beach Department of Health and Human Services, I agree not to divulge any information, obtained in the course of such work to unauthorized persons and not to publish or otherwise make public any information (verbal or written) regarding persons who have received services from the City. I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the California Welfare and Institutions Code and Federal Regulations.**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

## **Volunteer Bill of Rights and Code of Responsibility**

Every Volunteer Has:

- 1. The Right to be treated as a co-worker**
  - Not just free help
- 2. The Right to a suitable assignment**
  - With consideration for personal preference, temperament, life experience, Education, and employment background
- 3. The Right to know as much about the organization as possible**
  - Its, policies, people and programs
- 4. The Right to training for the job**
  - Thoughtfully planned and effectively presented training
- 5. The Right to continuing education on the job**
  - As a follow-up to initial training
  - Information about new developments
  - Training for greater responsibility
- 6. The Right to sound guidance and direction**
  - By someone who is experience, as well-informed and patient
- 7. The Right to a place of work**
  - An orderly, designated place
  - Conductive to work
  - And worthy of the job to be done
- 8. The right to promotion and a variety of experiences**
  - Through advancement to assignments of more responsibility
  - Through transfer from one activity to another
  - Through special assignments
- 9. The Right to be heard**
  - To have part in planning
  - To feel free to make suggestions
  - To have respect shown for an honest opinion



**City of Long Beach**  
**Department of Human Resources and Affirmative Action**

**PERSONNEL POLICIES AND PROCEDURES**

**Subject: COMPUTER AND TECHNOLOGY SYSTEMS**  
**SECURITY POLICY**

**Effective: 2/5/98**

**Number 1.11**

**Page 1 of 4**

**I. POLICY STATEMENT**

It is the policy of the City of Long Beach to make every effort to provide employees and contractors with the best technology available to conduct the City's official business. In this regard, the City has installed hardware such as personal computers and advanced technology systems including electronic mail (e-mail), local area networks (LAN), and the Internet.

**II. PROCEDURES**

**A. Application**

All current City employees and contractors (hereafter "covered individuals") who have access to the City's personal computers and technology systems and who work in departments and offices directly responsible to the City Manager are covered by this Personnel Policy and Procedure (hereafter "policy").

**B. Conditions of Employment/Service**

The following conditions of employment/service apply to all covered individuals in their use of computers and other City technology:

1. All City personal computers and technology systems are formal communication tools. They must be used only for City business-related purposes, and in a professional and courteous manner.
2. All data, including any that is stored or printed as a document, is subject to audit and review. *There is no expectation of personal privacy. Personal computers and technology systems are the sole and exclusive property of the City of Long Beach and may be monitored when the City deems it necessary to do so.*
3. Covered individuals are strictly accountable for the use of their personal password as it provides an audit trail for system activity.

## PERSONNEL POLICIES AND PROCEDURES

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Subject: COMPUTER AND TECHNOLOGY SYSTEMS  
SECURITY POLICY

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Number 1.11

**C. Restricted Activities**

1. Hardware or software, which is requested by a user department, may only be installed, changed, removed or added by authorized personnel. Loading of personal computer software, or non-City software, must be approved in advance by authorized personnel.
2. Data that discloses sensitive, personal, confidential or proprietary information should not be sent, provided or accessed without appropriate authorization.
3. Covered individuals shall not attempt to decode system or user passwords; read, delete, copy or modify data without appropriate authorization; attempt to gain unauthorized access to any City equipment, personal computers or technology system; or load game software.
4. Covered individuals shall not engage in personal business, commercial activities, bargaining unit activities, or political activities outside their job scope without written authorization.
5. It is improper to use City technology to transmit defamatory, obscene, unprofessional, threatening, offensive or harassing messages, and chain letters, or to engage in illegal activities.

**D. Violation of Policy**

Covered individuals who violate this policy may have their network access and related privileges revoked or suspended, and may be subject to disciplinary action, up to and including termination. Violations of local, state and federal laws carry additional penalties.

**E. Notification**

1. All covered individuals shall receive a copy of the Computer and Technology Systems Security Policy Statement and Conditions of Employment/Service (hereafter "document") located in the appendix.
2. Newly hired covered individuals shall be given this document during the orientation process.

## PERSONNEL POLICIES AND PROCEDURES

Page 3 of 4

Subject: COMPUTER AND TECHNOLOGY SYSTEMS  
SECURITY POLICY

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Number 1.11

3. All covered individuals are directed to acknowledge receipt of this policy by signing the document indicating they have received, read, understand and will abide by its provisions. If a covered individual declines to sign, a witness shall make a notation that they have received the information.
  4. The original document shall be placed in the personnel file and a copy shall be given to employee, or attached to a contractor's service agreement.
- F. Responsibilities and Guidelines
1. Covered employees are responsible for complying with this policy.
  2. Managers and supervisors are responsible for enforcing the policy.
  3. The Technology Services Department is responsible for providing assistance in administering the policy.

## III. DEFINITIONS:

- A. "Personal Computer" - means an electronic machine that performs rapid calculations and processes text, affords access to stored information, and can be used to send and receive electronic mail.
- B. "Electronic Mail" – means messages typed into a personal computer and sent, as by telephone line, to a receiving personal computer. This refers to both mail on the City's electronic line and on the Internet.
- C. "Local Area Networks" - means a group of personal computers connected together (or "networked") to allow them to exchange information and services.
- D. "Internet" - means an international collection of networks linked together to provide for the exchange of information and services.
- E. "Contractor" - means a person who contracts to supply certain materials or do certain work for a stipulated sum for the City; not a city employee.

## IV. REFERENCES

Administrative Regulation 8-17

## V. APPENDICES/FORMS

Computer and Technology Systems Security Policy Statement and Conditions of  
Employment/Service

**City of Long Beach**  
**Department of Human Resources and Affirmative Action**

**Computer and Technology Systems Security Policy Statement  
and Conditions of Employment/Service**

(Administrative Regulation 8-17/ Personnel Policy 1.11)

It is the policy of the City of Long Beach to make every effort to provide employees and contractors with the best technology available to conduct the City's official business. In this regard, the City has installed hardware such as personal computers and advanced technology systems including electronic mail (e-mail), local area networks (LAN), and the Internet. This policy was created to advise all employees and contractors regarding access to and disclosure of information created, transmitted, received and stored via the above-mentioned systems, and to ensure proper use of these resources.

It is a condition of employment/service that all current employees and contractors (hereafter "covered individuals") comply with the following Conditions of Employment/Service:

1. All City personal computers and technology systems are formal communication tools. They should be used for City business-related purposes in a professional and courteous manner.
2. All data, including any that is stored or printed as a document, is subject to audit and review. *There is no expectation of personal privacy. The personal computers and technology systems are the sole and exclusive property of the City of Long Beach and may be monitored when the City deems it necessary to do so.*
3. Covered individuals are strictly accountable for the use of their personal password as it provides an audit trail for system activity.

**Restricted Activities:**

1. Hardware or software, which is requested by a user department, may only be installed, changed, removed or added by authorized personnel. Loading of personal computer software, or non-City software, must be approved in advance by authorized personnel.
2. Data that discloses sensitive, personal, confidential or proprietary information should not be sent, provided or accessed without appropriate authorization.
3. Covered individuals shall not attempt to decode system or user passwords; read, delete, copy or modify data without appropriate authorization; attempt to gain unauthorized access to any City equipment, personal computers or technology system; or load game software.
4. Covered individuals shall not engage in personal business, commercial activities, bargaining unit activities, or political activities outside their job scope without written authorization.
5. It is improper to use City technology to transmit defamatory, obscene, unprofessional, threatening, offensive or harassing messages, and chain letters, or to engage in illegal activities.

My signature on this document indicates I have received and read the Computer and Technology Systems Security Policy Statement and Conditions of Employment/Service and that I will abide by this policy and conditions of employment. Any attempt to violate the intent or provisions of this policy may result in revocation or suspension of network access and related privileges, and appropriate disciplinary action.

**Employee Name (Printed)**

**Signature**

**Date**

Original: Personnel File or Contractor's Service Agreement Copy: Covered Individual 3/98

Added to Health Department Volunteer Packet: March 13, 2006